FEC FORM 1

## STATEMENT OF ORGANIZATION

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ome Ecompail center

FORM 1	ORGANIZATION					OME ESCONIAL CEILTE			
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4				
MONTANA	REP	UBLICAN EX	ECU	LIVE BOAL	RD	<del>                                     </del>			
		<del></del>				<del>                                      </del>	لسسا		
ADDRESS (number a	nd street)	P. O. BOX 6	6731	3					
(Check if address is changed)		POMPANO BEACH			, FL,	FL 33066			
			CITY		STATE	ZIP	CODE		
COMMITTEE'S E-MA  (Check if is change	address	S (Please provide only one USRepublic		-	ards@g	mail.com			
COMMITTEE'S WEB	PAGE ADD	RESS (URL)							
(Check if address is changed)									
2. DATE 11	<sup>™</sup> ′ 10	° ′ 2012							
3. FEC IDENTIFIC	CATION NU	MBER C							
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)	)				
I certify that I have a		PETERSON	-	-	ef it is true, co	rect and complete	<b>9.</b>		
Signature of Treasure	er	Peterson Tr	-sp		Date	Ĩ1 <sup>™</sup> ′ 10°	′ <b>20</b> 12 `		
NOTE: Submission of		ous, or inco <del>mplete informati</del>					of 2 U.S.C. §437g.		
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